

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

0627674

FILING DATE

3

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
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11						
12						
13						
14						
15		2				
16		2				
17		1				
18		1				
19		1				
20		1				
21	1					
22		1				
23		1				
24		2				
25		2				
26		2				
27		1				
28	1					
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49						
50						
TOTAL IND.	3					
TOTAL DEP.	42					
TOTAL CLAIMS	45					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.						
TOTAL CLAIMS						